



## Hearing Request Form

This form may be used to file a hearing or expedited hearing request.

Please send to: Due Process Office,  
Office of Special Services,  
Maine Department of Education  
23 State House Station  
Augusta, ME 04333-0023

Date of receipt by MDOE:

Please check ONE of the two choices below (note: An expedited hearing may only be requested in matters pertaining to discipline):

Hearing request: ☐

Expedited hearing request: ☐

If requesting a hearing, are you willing to participate in mediation?  
(Mediation will not interfere with the timelines for a hearing).

Yes ☐ No ☐

1. Name of person requesting hearing:

2. Please check one:

Parent ☐

Attorney for school/CDS ☐

Student (if 18 or older) ☐

Attorney for parent/child ☐

School district/CDS board ☐

Guardian\* ☐

Individual with whom the child lives and who is acting in place of the parent ☐

Person appointed by court to make educational decisions\* ☐

Educational surrogate parent\* ☐

\*must attach copy of appointment

3. Contact Information:

Parent #1

Name:

Address:

City:

State:

|                      |           |                      |
|----------------------|-----------|----------------------|
| <input type="text"/> | Zip code: | <input type="text"/> |
|----------------------|-----------|----------------------|

|                |  |             |  |
|----------------|--|-------------|--|
| Email address: |  |             |  |
| Home phone:    |  | Work phone: |  |
| Cell phone:    |  | Fax:        |  |

Parent #2 (required information)

If information for parent #2 is not provided, please explain:

|                |  |             |  |
|----------------|--|-------------|--|
|                |  |             |  |
| Name:          |  |             |  |
| Address:       |  |             |  |
| City:          |  |             |  |
| State:         |  | Zip code:   |  |
| Email address: |  |             |  |
| Home phone:    |  | Work phone: |  |
| Cell phone:    |  | Fax:        |  |

4. Child's information:

|   |  |       |  |
|---|--|-------|--|
| Child's name:                                 |  |       |  |
| Date of birth:                                |  | Age*: |  |
| Disability*:                                  |  |       |  |
| Child's residence (if different from parent): |  |       |  |
| Home phone:                                   |  |       |  |
| School district/CDS site child attends:       |  |       |  |
| School/program:                               |  |       |  |
| Grade/level*:                                 |  |       |  |
| Address of program*:                          |  |       |  |

*If the child is homeless, please provide contact information for the child.*

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is the child tuitioned to the school/program listed above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, which town or district is responsible?             |                              |                             |
|  |                              |                             |

Will the parent(s)/adult student be represented by an attorney or advocate in this Due Process hearing?

Yes ☐

No ☐

If yes, name of attorney/advocate:

Address:

City:

State:

Zip code:

Email address:

Phone:

Fax:

5. Description of the issue(s):

Note: Federal law requires that you completely and accurately describe the reason(s) you are asking for a hearing and the outcome you are seeking. This includes a description of the child's special needs. Please describe the child, the child's IEP/IFSP or educational program and the reason(s) you are requesting a hearing. Please be as complete as possible including dates, name and places when appropriate, as well as all of the issue(s) you want the hearing officer to address, and the facts relating to those issues. **Failure to provide complete information may result in a challenge to the sufficiency of the Hearing Request** (use additional pages if needed).

|  |
|--|
|  |
|--|

6. How could this problem be resolved (attach additional pages if necessary):

7. This form must be sent to the opposing party. At the same time, you must send a copy of this form to the Maine Department of Education. Please sign below to certify that you are complying with this requirement.

*I certify that I am sending this hearing request form to the opposing party and, at the same time, I am sending a copy to the Maine Department of Education.*

\_\_\_\_\_  
Signature

8. Signature of individual submitting request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***If the individual submitting this request is an adult student (18 years of age or older) and no longer under a parent's legal guardianship, the form must be signed by the adult student, not his or her parent.***

*For additional information or assistance you may wish to contact:*

- The superintendent or special education director of the school district or CDS site board chair or regional CDS site director.
- The MDOE, Due Process Office—telephone: (207) 624-6644 fax: (207) 624-6641 Maine Relay 711 or email: [patricia.neumeyer@maine.gov](mailto:patricia.neumeyer@maine.gov)
- The Maine Parent Federation (MPF)—(800)-870-7746

**\* This information is not required but will assist the Due Process office.**

**Note to parents requesting a due process hearing:** Recent amendments to state and federal laws concerning special education services for children with disabilities require parents or their attorneys to provide the information contained within this form to the State Department of Education and the local school district. Failure to provide this information may result in a reduction in the award of any attorney fees (20 USC §615(b)(7) and §615(i)(3)(F)) and Title 20-A MRSA §7207-B(3-A).

**The State of Maine Department of Education provides equal opportunity in its programs and services. If you need accommodations, please contact the Due Process Secretary Associate, Pat Neumeyer, at (207) 624-6644, Maine Relay 711 or email: [patricia.neumeyer@maine.gov](mailto:patricia.neumeyer@maine.gov).**